

re not traceable, as there is no way of knowing whether they are at risk of carrying *Chlamydiae*. We would furthermore stress the importance of carrying out a "test of cure culture", as in our small series four of these gave positive results.

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TO THE EDITOR, *Genitourinary Medicine*

## Rectal isolates of *Neisseria gonorrhoeae* in Perth, Australia

Perth, Western Australia, which has a population of about one million. As part of routine screening for STD, urethral specimens are collected from men and urethral, vaginal, and endocervical specimens are collected from women for gonococcal culture. Rectal specimens are always collected from: men and women who report being the receptive partner in anal intercourse, women who are sexual contacts of men with confirmed gonorrhoea, and women who have gonorrhoea at other sites. Pharyngeal swabs are taken only from patients who engage in anal intercourse.

Sterile 1 µl disposable plastic loops are used to collect material from the urethra, cervix, and rectum (using a proctoscope) for

subsequent staining by Gram's method. Cotton wool swabs from the above sites are collected into Amies's transport medium, stored at room temperature, and plated for culture in less than two hours. Martin-Lewis agar plates (containing vancomycin, anisomycin, and colimycin) and chocolate agar plates are inoculated and incubated in candle extinction jars at 36°C for 48 hours. The identity of all strains is confirmed by a fluorescent antibody technique and by carbohydrate fermentation reactions if strains are from the pharynx or rectum.

The table shows that the total gonococcal isolates from men and women decreased from 1981 to 1986, except in 1983. The total number of rectal isolates from men has consistently decreased since 1982, whereas the decrease in rectal isolates from women did not start until 1986.

Rectal gonorrhoea in men is sexually transmitted, whereas in women it may be caused by direct spread from the genitals to the rectum, penoanal contamination without insertion, or actual anal intercourse.<sup>1</sup> Of the 14 women attending our clinic in 1986 who had rectal gonorrhoea, three had engaged in anal intercourse. Of the four who had rectal gonorrhoea only, one had engaged in anal intercourse. Further studies of the true incidence of receptive anal intercourse in women are necessary.

The reduction in the incidence of rectal isolates from men may indicate changing sexual behaviour patterns in homosexual men. Judson found a 39% decrease in men with gonorrhoea in Denver.<sup>2</sup> Safer sex guidelines outlined in the national Australian "grim reaper" media campaign and widespread Western Australian state education programmes may have influenced men who engage in receptive anal intercourse. As Osterholm *et al* (unpublished observation) point out, however, we cannot predict the possible reduction in incidence of a sexually transmissible viral infection—such as human immunodeficiency virus—from the reduced incidence of a bacterial sexually transmitted disease.

We thank the STD section of the Health Department of Western Australia for their work, Di Barnett and Ros Duhig for helping to compile the statistics, Marjorie Speelman for typing, and the Commissioner of Health for permission to publish.

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## Book review

**Understanding human sexuality.** 2nd edition. By Janet Shibley Hyde. (Pp 624; £25.80.) New York: McGraw Hill, 1982. (3rd edition already available, price £28.95.)

In the preface the author tells us that the book is aimed primarily at the American undergraduate. There are 23 chapters, many with interesting titles and contents on many aspects of sex and sexuality. The written text is admirably backed up by pleasantly erotic but not distasteful diagrams that I have found useful for demonstrations to patients.

The author does tend to feel she "knows best" about how to handle tricky issues, such as religion, culture, and homosexuality. The discerning reader, however, will overlook this and will also excuse the chapter on sexually transmitted diseases—it is a non-starter! So that we should not become somnolent when reading her book (one is more likely to be sexually aroused!), the author has put "focus" inserts, which give clear case histories, in almost every chapter and has elsewhere given detailed accounts of the lives and work of original thinkers, such as Kinsey and Masters and Johnson.

I recommend that every department of genitourinary medicine should have a copy.

David Goldmeier

Table Yearly incidence of gonorrhoea and rectal gonorrhoea (% of total), 1981-6

Year	Gonococcal isolates from men:			Gonococcal isolates from women:		
	Total	From rectum	From rectum only	Total	From rectum	From rectum only
1981	562	35 (6)	27 (5)	245	8 (3)	0
1982	525	42 (8)	32 (6)	245	20 (8)	6 (3)
1983	586	38 (7)	33 (6)	273	35 (13)	6 (3)
1984	505	21 (4)	18 (4)	209	34 (16)	10 (5)
1985	276	8 (3)	6 (2)	124	37 (30)	3 (2)
1986	263	4 (2)	4 (2)	75	14 (19)	4 (5)